

Performance Management and Quality *Matters*



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SPOTLIGHT ON

Quality Improvement



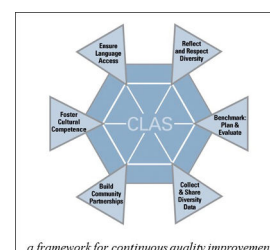
Rodrigo Monterrey and Georgia Simpson May, Office of Health Equity

CLAS in Action: A Framework for Continuous Quality Improvement

In this issue of PMQM we highlight the Culturally and Linguistically Appropriate Services (CLAS) Standards coordinated at DPH by the Office of Health Equity (OHE). CLAS Standards were issued in 2000 by the Federal Office of Minority Health. CLAS provides a framework for continuous quality improvement, or performance management, to eliminate health disparities. Eliminating health disparities and, by extension, implementing CLAS standards, is an expectation for Public Health Accreditation. It is also a guiding principle of both the DPH Strategic Plan and the State Health Improvement Plan (SHIP). DPH, led by OHE, has been actively involved in implementing CLAS since 2005. The DPH CLAS Initiative guides, monitors and supports CLAS implementation both within DPH and throughout the vendor system. Since its adoption, CLAS has undergone a cycle of continuous quality improvement.

The first challenge was to implement the standards, ensuring that all programs within DPH, and across the vendor system, understand what CLAS is, what the expectations around CLAS are, and what DPH's role is in monitoring and supporting implementation. CLAS requirements were first integrated into all DPH RFRs in 2007, for the first time requiring that all DPH vendors in all programs take proactive steps to eliminate health disparities and promote diversity. In 2012, DPH's Purchase of Service (POS) Office added language in all contract renewals starting in FY13, setting an expectation that all DPH vendors "take steps to ensure, over time, an increased level of workplace diversity, language access, and culturally-competent client care.

The second challenge was to determine how to apply and monitor 15 CLAS Standards to DPH (cont. p 2)



Accreditation Team to Attend PHAB Training – Documentation Timeline Established

Accreditation Team members Mike Coughlin and Glynnis LaRosa will attend the PHAB in-person training for applicant Accreditation Coordinators on February 10-11, 2015, at the PHAB Office in Alexandria, Virginia. Completion of this training establishes the deadline for the collection of documentation to meet the PHAB Standards and Measures. Applicant agencies have 12 months from the completion of the training, therefore **our deadline for final submission of documentation is February 12, 2016.**

We are organizing working groups for each of the twelve PHAB domains with two Team Co-leaders for each domain. These groups will collectively demonstrate the variety of programs that are administered by MDPH in order to demonstrate the organization-wide conformity with the standards and measures. A briefing for Team Leaders is tentatively scheduled for February 24 here at DPH. Many DPH staff will be called upon to assist in the documentation process. Members of the Accreditation Team are available to answer questions and provide additional information upon request. Please contact Accreditation Manager Michael Coughlin at Michael.coughlin@state.ma.us for more information.

Did You Know?

Performance Management allows you to answer the following questions:

- What successes can be celebrated?
- What results can be achieved?
- What are the chances of getting these results?
- What has been learned and how can this be used to improve the program and/or to better serve the customers?

(CLAS cont.) contracts and vendors. Assisted by an Advisory Board, OHE administered an assessment of all DPH Bureaus in 2008 and again in 2011. Findings and recommendations from each were presented to the Commissioner and Bureau Directors. Trainings and tools were also created—and offered upon request to DPH providers.

As the department's liaisons to contracted vendors, DPH Contract Managers (CMs) play a critical role in monitoring and supporting health-service providers to meet DPH contractual expectations. In 2013, all CMs were mandated to receive training on what CLAS is, what is expected of vendors, what their role is in monitoring and supporting vendors' efforts and what tools are available to support their work.

These tools include a manual called *Making CLAS Happen*, published in 2008 and revised in 2013 to reflect enhancements made to CLAS Standards that same year, and a *CLAS Self-Assessment Tool*, originally created to be part of RFR applications, but later revised with input from contract managers to be a user-friendly, performance-management instrument. Both the *Manual* and the *Tool* were developed and revised with significant input from over 100 DPH-funded providers. Both can be downloaded from <http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html> and the *Manual*, which is organized into six "actionable areas," can also be ordered from the Clearinghouse.

The CLAS Self-Assessment Tool is designed to be easily incorporated into the annual cycle of contract management. It should be (a) included in the workplans or contract renewal packets that CMs send out before the beginning of each fiscal year, and (b) reviewed for progress during site visits or as part of year-end performance reviews.

The purpose of the tool is to gauge the degree to which CLAS is happening at the "program" level, where services are delivered to clients, not at the "agency" level. The tool consists of 3 sections: The first asks for the name, title and contact information of the CLAS point-person at the program. The second section consists of 15 questions that address a program's status or progress with each of the CLAS standards, giving them a range of multiple-choice answers that cover a spectrum. The third section walks programs through the process of identifying a CLAS-related prior-

ity/goal that is meaningful and relevant, based on their self-assessment, as well as concrete activities to reach those goals. It also asks them to identify intended health outcomes as a result of CLAS integration.

OHE efforts to assure the success of CLAS continue. To assist Contract Managers in compliance assurance, the OHE provides 1-on-1 technical assistance and group trainings to DPH staff and vendors. The Procurement Tracking System (PTS) was modified in 2014 so that it now asks whether the CLAS Self-Assessment Tool should be included in the contract packet, or if the CM has sent/will send the tool directly to the program this fiscal year. One of the two options must be selected in order for the contract renewal/amendment packet to go out. For accountability purposes, the PTS also asks for the name of the CM directly managing each particular program/contract. As a result, DPH now has a comprehensive list, or census, of CMs, which it previously didn't have.

To eliminate health disparities, DPH must be able to evaluate workplace diversity, language access, and culturally-competent care. Clear expectations must be defined, communicated and supported—as well as meaningful and relevant. Through CLAS, DPH has learned that the systems, tools and processes for supporting and evaluating these efforts must be integrated and user-friendly. CLAS is a set of ideals we must continually strive to achieve.

DPH Accreditation Team

Madeleine Biondolillo, MD
Associate Commissioner
Madeleine.Biondolillo@state.ma.us
617-624-5200

Michael Coughlin, MS
Accreditation Manager
Michael.Coughlin@state.ma.us
617-624-5091

Glynnis LaRosa, MPH, MSN, RN,
APHN-BC, CPHQ
Senior Public Health Nursing Advisor
Glynnis.LaRosa@state.ma.us
617-983-6569

Paul Oppedisano, MPH
Director of Mass CHIP
Paul.oppedisano@state.ma.us
617 624-5512

Juanita Zerda
Performance Management Consultant
Juanita.zerda@state.ma.us
617 624-5675

Accreditation Information Webinar On-line

A 20 minute webinar about the PHAB accreditation process, performance management and quality improvement. Find it at <https://www1.gotomeeting.com/register/153702449>



Introducing Paul Oppedisano

Paul Oppedisano, MPH joins the accreditation team as the coordinator of the Performance Management System. From his position as Director of Mass CHIP in the Office of Data Management and Outcomes Assessment Paul will lead the effort to develop a Performance Management system for MDPH that meets PHAB Accreditation Standards.